MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3	/.							53						
4	/							54						
5	/							55						
6		/						56						
7		/						57						
8	/.							58						
9		/.						59						
10		/-						60						
11	/							61						
12	/							62						
13	/							63						
14	/							64						
15		2①						65						
16		4.						66						
17	/							67						
18		/						68						
19		/.						69						
20	/							70						
21		2						71						
22	/							72						
23		①						73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
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37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	12							TOTAL IND.						
TOTAL DEP.	15							TOTAL DEP.						
TOTAL CLAIMS	27							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS